# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 26, 2006**
**Secretary of State**

DOCUMENT# 730942

**Entity Name:** GREENWOOD SCHOOL, INC.

**Current Principal Place of Business:**

9920 REGENCY SQUARE BLVD
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

9920 REGENCY SQUARE BLVD
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number: 59-1579415** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEGLER, MITCHELL W
300 WHARFSIDE WAY SUITE A
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete
Name: GILLANDER, BOB
Address: ONE SAN JOSE PLACE SUITE 9
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: CONNELL, BEVERLY
Address: 9920 REGENCY SQUARE BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: S ( ) Delete
Name: HYMAN, CHARLES
Address: 4300 MARSH LANDING BLVD #201
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete
Name: QUINLAN PH.D., THOMAS E
Address: 9700 PHILLIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: LEGLER, MITCHELL,
Address: 300 WHARFSIDE WAY SUITE A
City-St-Zip: JACKSONVILLE, FL 32207

Title: T ( ) Delete
Name: WESTBROOK, TRACEY
Address: 9004 REGENCY SQUARE BLVD
City-St-Zip: JACKSONVILLE, FL 32211

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: GILLANDER, BOB
Address: 5772 TIMUQUANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change ( ) Addition
Name: HYMAN, CHARLES
Address: 4300 MARSH LANDING BLVD #201
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LEGLER, MITCHELL
Address: 300 WHARFSIDE WAY SUITE A
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES HYMAN C 01/26/2006

Electronic Signature of Signing Officer or Director — Date